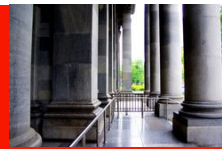


End of Life Choice



Newsletter on current debates

Canada's pathway to Assisted Dying

Around the world there have been three pathways to legal voluntary euthanasia:

1. Courts showing understanding and compassion in their rulings, backed up by a Bill or Charter of Human Rights
2. Citizen referenda
3. Vote by the Parliament.

Australia's Northern Territory was the first jurisdiction in the world where the Parliament led the way and voted to legalise voluntary euthanasia.⁽¹⁾

Canada's pathway was firstly through the courts, using their Bill of Rights, with the Parliament ultimately responding to a directive from the Court. ⁽²⁾

On February 6, 2015 the Supreme Court of Canada in a unanimous decision struck down the federal prohibition on physician assisted dying (PAD), arguing that the old law violates the *Canadian Charter of Rights and Freedoms*. The Supreme Court gave decision-makers until February 2016 to decriminalise assisted dying – otherwise the court would make it legal and determine the rules.

The *Carter v. Canada* ruling established strict but fair guidelines for determining who could access PAD and how it could be safely administered. The ruling came after two British Columbian families challenged the existing prohibition under which people faced a cruel choice about ending their lives. They either needed to do so prematurely while still able; remain trapped in intolerable suffering; or seek assistance outside the security of a legal framework.

Following the court ruling the House of Commons and the Senate established a special Joint Committee to make recommendations on an appropriate framework and adopted a patient-centered approach.



Prime Minister Justin Trudeau (pictured) argued: ... *if we do nothing, if we don't get this important national debate underway soon, Canada will find itself without any laws governing physician-assisted death. That kind of legislative vacuum serves no one: not people who are suffering, not their anxious family members, not the compassionate physicians who offer them care.*

The Joint Committee drafted 21 eligibility recommendations including substantive and procedural safeguards and oversight. The Supreme Court provided an extension of time to June 6. Bill C-14, *An Act to amend the Criminal Code*, was introduced on April 14 and assented to on June 17.

Substantive safeguards include:

- having a grievous and irremediable medical condition (including an illness, disease or disability)
- enduring intolerable suffering
- providing informed consent
- having capacity to make the request
- being insured for publicly funded health services in Canada.

Procedural safeguards include:

- two independent doctors determine eligibility
- a request in writing, witnessed by two independent witnesses
- a waiting period, determined by the patient's attending physician
- annual reports tabled in Parliament
- improved support and services, including culturally and spiritually appropriate end-of-life care services for Indigenous patients.

Practice criteria

Physicians and nurse practitioners are able to assist by either providing the knowledge or the means for ending life through prescription or administration of life-ending medication (eg, by injection or through an intravenous line).

Other health providers including pharmacists, social workers, psychologists, therapist, hospital lawyers and nurses are protected from liability.

The 21 recommendations informing the legislation include:

- ★ Recognition that terms relating to PAD do not require further statutory definition as the terms "grievous and irremediable" are well understood.

★ The Government implements a two-stage legislative process, applying immediately to competent adults 18 years or older, followed by competent mature minors three years later; and a commitment to a wide-ranging collaborative study of the moral, medical and legal issues surrounding the concept of "mature minor".

★ Permission to use advance requests allowed any time after diagnosis of a condition that is reasonably likely to cause loss of competence; subject to the same procedural safeguards.

★ The Government establishes a process that respects a health care practitioner's freedom of conscience while at the same time respecting the needs of a patient who seeks assistance in dying. At a minimum, the objecting practitioner must provide an effective referral for the patient.

★ The Government works to ensure that all publicly funded health care institutions provide medical assistance in dying.

★ A mandatory statutory review of the legislation every four years.

★ Health Canada re-establishes a Secretariat on Palliative and End-of-Life Care to develop a flexible, integrated model of palliative care and end-of-life strategy with dedicated funding and a public awareness campaign.

★ Health Canada and the Public Health Agency of Canada work to improve the quality of care and services received by individuals living with dementia, and their families.

The full range of recommendations together endorse the conclusion of the Supreme Court that the law can design and administer safeguards to protect vulnerable people from abuse and error and that a carefully designed and managed system is capable of addressing risk.

⁽¹⁾ Australia is the only western democracy which does not have a Charter or Bill of Human Rights. The USA and Canada have rights embedded in their Constitutions, the UK and NZ have rights provided in an Act of Parliament; Australia's Human Rights Commission was established by the Human Rights Commission Act (1986) and authorizes the Commission to protect citizens from discrimination, as defined in various Acts and international agreements, such as the Sex Discrimination Act (1984) and the Convention on the Rights of the Child.

⁽²⁾ In May 2014 the Province of Quebec passed an assisted dying law, Bill 52, by a majority of 94-22. (Quebec is the second largest Province, with a population of 8m.)

SAVES

South Australian Voluntary Euthanasia Society

saves.asn.au

Compassion for suffering
The freedom to choose
Add your voice to the call



SAVES was established in 1983 to campaign for legal, medically assisted choice in end-of-life arrangements.

The aim is to relieve suffering by providing choice for people at the end of their life. SAVES works in the community and with Members of Parliament to achieve law reform.

SAVE-YA Syndicated Australian Voluntary Euthanasia Youth Advocates

Facebook: Support SAVE-YA Law Reform



A national youth lobby group which aims to provide a youth voice in support of legalising voluntary euthanasia in all States and Territories. Members between ages 18 and 35 are encouraged to join, make contact with their local MP and inform them of their support for voluntary euthanasia law reform.

Christians Supporting Choice For Voluntary Euthanasia

christiansforve.org.au

We are Christians who believe that, as a demonstration of love and compassion, those with a terminal or hopeless illness should have the option of a pain-free, peaceful and dignified death with legal voluntary euthanasia. The overwhelming majority of Australian Christians support choice for voluntary euthanasia.



South Australian Nurses Supporting Choices in Dying

Facebook: SA Nurses Supporting Choices in Dying

We are a group of passionate nurses who believe in our patient's right to choose the end of life care they wish. The group provides a forum for the nursing voice and perspective on legalising voluntary euthanasia and other patient choices in end of life care.



MY BODY MY Choice-VE

facebook.com/pages/MY-BODY-MY-Choice-VE

MBMC provides a voice for people with disability in the VE reform debate. MBMC represents the interests of people with disabilities who wish to exercise choice in all aspects of their life, including choice at the end of life, with the view that choice and control are a fundamental human right for everyone.

MBMC argues that people with disabilities know how it feels to lose personal autonomy through their ongoing fight for self-determination, independent living and disability rights.

MBMC believes that people with disabilities, who have struggled to control their own lives and bodies, must be allowed to maintain control and autonomy throughout their life, especially at its end.



Doctors for Voluntary Euthanasia Choice

drs4vechoice.org



We are a national organisation of Australian medical practitioners, both current and retired, who are committed to having a legal choice of providing information and assistance to rational adults, who, for reasons of no realistic chance of cure or relief from intolerable symptoms, would like to gently end their lives. Assistance may be by doctor provision of medication for the patient to consume, or by doctor-administration.

Lawyers for Death with Dignity

saves.asn.au/lawyers

Lawyers for Death with Dignity acknowledges the need for people with profound suffering to have the legal choice for a medically assisted and dignified death. The current law says suicide is not illegal, but assisting suicide is. People in a terminal state may have profound, unbearable suffering and be in the undignified position of being unable to end their life without assistance. Advances in medicine have improved life expectancy, but South Australian law has not changed to reflect the often forgotten deterioration in quality of life a longer life expectancy may bring.



BREAKING NEWS...BREAKING NEWS..BREAKING NEWS..BR

Colorado votes for physician assisted dying

As well as voting for a President, on November 8 Colorado voted 65% to 35% for an assisted dying law. **Colorado has become the sixth state in the USA to legalise physician assisted dying, joining Washington, Oregon, California, Vermont, and Montana.** This means that 43m adults – almost 1 in 5 - in the USA now have the legal right to an assisted death.

Proposition 106 allows Colorado residents over 18 to request assistance to die if they are ill and have less than six months to live. They must be assessed by two doctors who must also assess them as competent to make their own choice. The request must be clearly voluntary. (The time period 6 months is used in USA legislation because of federal hospice care law whereby federal funding for hospice care only becomes available if a person is diagnosed as having less than 6 months to live; the selection of the 6 month time period is unrelated to the medical condition or the level of suffering of the person.)

NPR host Diane Rehm was active in the lead up to the vote, hosting discussions on her popular national radio program. Rehm's husband, who had Parkinson's disease, starved himself to death in 2014. He had no other legal option once his suffering became intolerable. It took 10 days to die once he stopped eating and drinking.

Rehm says "I feel the way that John had to die was just totally inexcusable. It was not right."

Diane stayed by his bedside. She read to him, held his hand, and she prayed. As John edged closer to death and the end of their 54-year marriage, a priest friend came to visit.

She spent the night with him, and in the morning she went home for a quick shower. Then she received a call. She missed his death by 20 minutes. She is still angry about that. If he could have planned his death, she and his family would have been there.



Diane Rehm